

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10766614 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
(1)	1						31								
2		1					32								
3							33								
4		1					34								
5	1						35								
6		1					36								
7		1					37								
8		1					38								
9		1					39								
10		1					40								
11		1					41								
12		1					42								
13		1					43								
14		1					44								
15		1					(45)		4						
16		1					46								
17		1					47								
18		1					48								
19		1					49								
20		1					50								
21		1													
22		1													
23		1													
24	1														
(25)		1													
26	1														
27		1													
28		1													
29		1													
30		1													
31		1													
32		1													
33		1													
34		1													
35		1													
36		1													
37		1													
(38)	1														
39		1													
40		1													
41	1														
42	1														
43	3														
44															
(45)		4													
46															
47															
48															
49															
50															
TOTAL IND.	16	1					TOTAL IND.								
TOTAL DEP.	34						TOTAL DEP.								
TOTAL CLAIMS	50						TOTAL CLAIMS								